

***Personnel Cabinet
Office of Public Employee
Health Insurance***

Plan Year 2004
Coordinator Training

Welcome to the 2004 Plan Year Health Insurance Coordinator Training

New for 2004

- Elimination of Automatic Assignment
 - You will no longer Auto Assign employees
 - Disruption Report

New for 2004

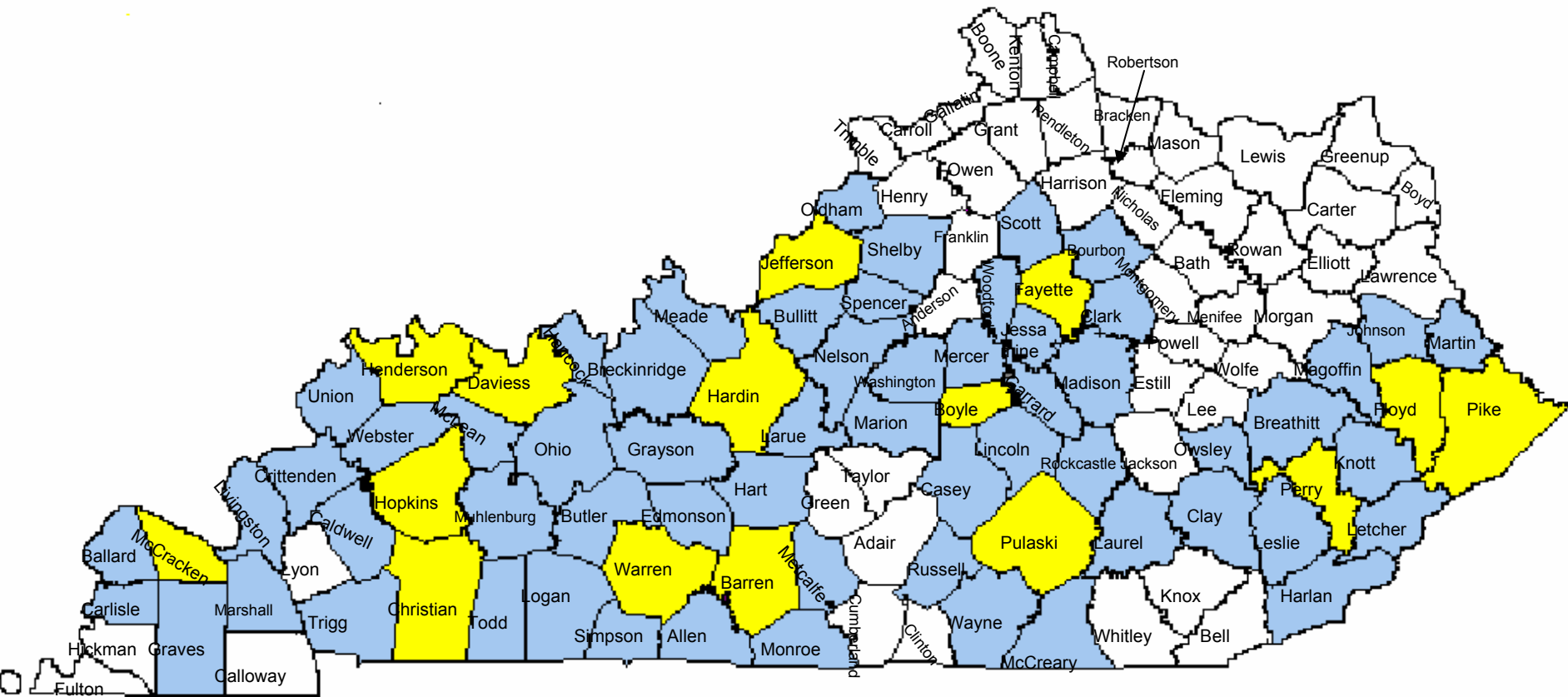
- **Waiver Continuation**
 - Waivers will now carry over to 2004
 - FSA's will NOT carry over
 - Waiver Report

New for 2004

● **Contiguous Counties – HB 95**

- If a state employee's residence and place of employment are each located in counties in which the hospitals do not offer surgical services, intensive care services, obstetrical services, level II neonatal services, diagnostic cardiac catheterization services and magnetic resonance imaging services, the employee may select a plan available in a county contiguous to the county of residence that does provide those services, and the state contribution for the plan shall be the amount available in the county where the plan selected in.

Contiguous County Map



Newborn Change

- **Currently**

- **Newborns Effective Date of Birth**

- Adding newborn and other dependents (up to 30 days)
 - Adding Newborn only up to 60 days

- **New**

- **Newborns Effective First of Month Following Date of Application**

- Add newborn only 61-120 days

Benefit Change for 2004

- The ONLY benefit change for 2004 is the “50 Script Rule”
- Changed from 50 to 75 prescriptions

Rates

- Rates
- 2004 Benefit Planner

Effective Dates

- **New Hires**

- First day of the Second month following the date of hire (must complete application within 30 days of employment)

- **Open Enrollment**

- Elections will be effective January 1, 2004

- **Qualifying Events if paperwork is submitted within specified deadlines**

- Birth, Adoption or placement for adoption
- All others

New Application

- **2 pages**
- **Will be black and white (no red)**
- **For State Agency Employees, the Commonwealth Choice and Health Insurance Applications have been combined**
- **5 different applications**

Non-UPPS

Top of Application

Commonwealth Of Kentucky

Health Insurance Application

(for Use By Employers NOT in the State Payroll System - UPPS)

Reason for Application

- ☐ < New Employee
 ☐ < New Group
 ☐ < COBRA
 ☐ < Other
☐ < Open Enrollment
☐ < Move Out of Service Area*
☐ < Previously Waived**

* If Moving Out of the Service Area, enter the Qualifying Event Date: _____

** If you Previously Waived, enter the Qualifying Event Date AND a description of the Qualifying Event: _____

MUST BE COMPLETED BY THE INSURANCE COORDINATOR

Insurance Effective Date		Company Number	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Home County		Work County	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Dual Employee Code		Deduction Start Date (BOEs ONLY)	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Date

Description

Non-UPPS

Section VI

SECTION VI: FLEXIBLE SPENDING ACCOUNT

If you are eligible and would like to participate in a Flexible Spending Account, you must complete a separate enrollment form.

Is the appropriate Flexible Spending Enrollment Form attached? ☐ Yes ☐ No

Contact your Insurance Coordinator for specific details regarding the FSA enrollment process.

UPPS

Top of Application

Commonwealth Of Kentucky

Health Insurance/Flexible Spending Application

(for Use By Agencies in the State Payroll System - UPPS)

Reason for Application

☐ < New Employee ☐ < New Group ☐ < COBRA ☐ < FSA Only ☐ < Other
☐ < Open Enrollment ☐ < Move Out of Service Area* ☐ < Previously Waived**

* If Moving Out of the Service Area, enter the Qualifying Event Date: _____

** If you Previously Waived, enter the Qualifying Event Date AND a description of the Qualifying Event: _____
Date Description

MUST BE COMPLETED BY THE INSURANCE COORDINATOR

Insurance Effective Date		Company Number
<input type="text"/>	<input type="text"/>	<input type="text"/>
Home County	Work County	Contiguous County
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> < Dual Employee Code		

UPPS

Section VI

SECTION VI: FLEXIBLE SPENDING ACCOUNT

I understand that enrollment is **OPTIONAL** and that by completing this section, I am enrolling in a Flexible Spending Account.

Health Care Spending Account

Maximum allowable combined contribution per employee is \$120 per paycheck

Minimum allowable combined contribution per employee is \$5 per paycheck

Employer Contribution per paycheck: \$ _____

Participant Contribution per paycheck: + _____

Sub-Total per paycheck: \$ _____

Number of expected paychecks: X _____

Total Contribution for Plan Year: \$ _____

EZ Reimburse Card

☐ < I decline enrollment in the EZ Reimburse Debit Card plan.

I understand that if I do not decline, I will be enrolled in this plan. I understand that there is a \$6 annual fee and a \$0.50 charge per transaction.

Dependent Care Account

TAX FILING STATUS (Check One):

- ☐ < **Married, filing separately** (max - \$104.00 per paycheck)
- ☐ < **Married, filing jointly** (max - \$208.00 per paycheck)
- ☐ < **Single, head of household** (max - \$208.00 per paycheck)

Minimum - \$5.00 per paycheck.

Maximum as indicated above.

Participant Contribution per paycheck: \$ _____

Number of expected paychecks: X _____

Total Contribution for Plan Year: \$ _____

Application Uses

- **Open Enrollment Changes**
- **New Employees**
- **COBRA**
- **Limited Qualifying Events**
 - Move out of Service Area
 - Previously Waived Coverage

New Forms

- **Add Form**

- Use in lieu of application for Qualifying Event to add dependents

- **Drop Form**

- Use in lieu of application for Qualifying Events to drop dependents

- **Add and Drop Forms may be used for making changes to Commonwealth Choice**

New Waivers

- Complete Section I, II #2 and VII of the Health Insurance Application
- Enter Waiver Code 999 in Section II #2
- For State Agency Employees – Complete Section VI of the Health Insurance Application for FSA participation for 2004

Supporting Documents

- **Divorce/Legal Separation/Annulment**
 - If dropping spouse from plan
 - Filed decree signed by a judge and date-stamped “filed”
 - If enrolling because event caused loss of other coverage
 - Filed decree and proof that employee was covered under that plan and no longer eligible (HIPAA certificate or letter from employer).

Supporting Documents

- **Adoption/Placement for adoption**
 - Papers from the Cabinet for Families and Children OR
 - Signed and date-stamped “filed” papers from the court OR
 - Letter from the adoption agency on agency letterhead OR
 - Legal document from a US Court OR
 - Official document translated into English

Supporting Documents

- **Judgment, decree or administrative order relating to health coverage for the child**
 - A filed and dated court decree or agency administrative order requiring the parent to cover his/her child OR
 - National Medical Support Notice

Supporting Documents

- **Employee, spouse or dependent enrolled in Public Employee Health Insurance Program becomes entitled to Medicare or Medicaid**
 - Copy of card **AND** initial eligibility letter from the Medicaid/Medicare Office

Supporting Documents

- **Loss of other group health insurance coverage that entitles employee or family member to be enrolled according to HIPAA regulations**
 - HIPAA certificate from prior carrier OR
 - Letter from employer/previous employer OR
 - Termination letter from government agency.

Qualifying Events

- Coordinator no longer assigns effective dates
- System will generate appropriate effective dates
- Do **NOT** adjust payroll

Effective Dates

- 30 days, 60 days, 120 days
- If an application is to be signed within a certain timeframe, the system will actually count the 30 days. Not April 30 – May 30. For example, Qualifying Event is July 31st – 30 days is August 30th, not August 31st.

Where Will The Employee Land if They Do Nothing

If employee currently has:	And the employee does nothing
Waive Coverage	Continue to waive
Participate in an FSA Program	Not be Enrolled in FSA Program
Enrolled with a carrier that is no longer available in the selected county	Not have Coverage for 2004
Enrolled with a carrier that is still offered in selected county	Remain covered with same carrier with adjustments in paycheck

Open Enrollment Dates

- **Active Employees**

- **September 15 – October 3, 2003**

- Applications **MUST** be submitted to the Insurance Coordinator by October 3, 2003

- **Retirees and COBRA Participants**

- **September 15 – October 17, 2003**

- Applications **MUST** be submitted by October 17, 2003

Cross-Reference

- Only one application required
- Employees decide on policyholder
- Policyholder completes application, signs and has insurance coordinator sign
- Spouse signs application and turns in to his/her insurance coordinator
- Spouse's coordinator signs and forwards application to OPEHI

Cross-Reference

- BOTH employee's signatures must meet the deadline for completing the application. If they do not, they will not have coverage for 2004
- Any changes made during the year must have the same policyholder information on the new application as the original application – they cannot change policyholders during the Plan Year

New Employees

- **New employees have 30 days from the date of hire to:**
 - Enroll in a plan that is offered in the county where they live, work or, if applicable, contiguous county **OR**
 - Waive (decline) coverage by completing Sections I, II #2 and Section VII of the health insurance application

COBRA

- **Initial COBRA Notice**
 - General Notice of Right to Continue Group Health Insurance Coverage
- **COBRA must be offered upon the loss of group health insurance**
 - Notification of Rights for Continuation of Health Insurance Coverage/COBRA
- **Mail COBRA applications directly to the carrier**

HIPAA

- **Health Insurance Portability and Accountability Act (HIPAA)**
- **Protected Health Information (PHI)**
- **HIPAA and OPEHI**
- **HIPAA Authorization Form**
 - Authorization to Disclose Confidential Information by OPEHI

Email Communication

- Subject Line of emails should be “Confidential” and Member’s last name
- In the body of the text, the member’s last name and the last 4 digits of policyholder’s social security number

System Generated Emails

- Email will be from “Personnel SQLMail
- Advising you of changes made to employees health insurance
- Informing you of terminations
- Both the old and new coordinator on transfers
- If application is Pended
- **If replying to a system-generated email, click on the staff member’s name in the body of the email.**

System Enhancements

- Data Entry will replace OCR
- Data will no longer be overlaid with new application
- Automated Plan Level Changes (i.e. ineligible dependents)
- More Automated System

System Enhancements

Current Process

- Ineligible Dependents (24 year olds) Report
- Hard copy generated
- OPEHI Processed ineligible dependents from the hard copy

Enhanced Process

- No hard copy of the report.
- System will generate email notification to you.
- System will automatically make changes

System Enhancements

- If removing an over age dependent would change the level of coverage, OPEHI's GHI system will automatically change the level of coverage as follows:
 - Parent Plus to Single
 - Family to Couple
 - Family Cross-Reference to Couple Cross-Reference.
- The System will not split a Cross-Reference plan.***

System Enhancements

- **UPPS**

- OPEHI will feed UPPS payroll for health and FSA throughout the year
- Personnel's Payroll will pick up the file from OPEHI's FTP site and feed the data into the UPPS Payroll System
- The "Y" screen will be locked to data entry
 - no changes to payroll will be permitted

System Enhancements

- **MUNIS**

- KDE's Office of Education Technology (OET) will pick up the file from OPEHI's FTP site and will sort and transmit files to the Boards of Education
- For MUNIS, a report will be generated and transmitted to KDE's Office of School Finance if an insurance coordinator or payroll officer rejects a deduction feed from the OPEHI

System Enhancements

- **Additional Quasi Groups**
 - OPEHI will send reports to the Health Departments and Quasi agencies via email or hardcopy if email is not available.
- **Health Insurance carriers have been instructed NOT to make changes to a participant's coverage based upon a call, fax, or email from an Insurance Coordinator or Payroll Officer.**

Open Enrollment Timeline

- **Mid-September to Mid-October**
 - Insurance Coordinator Responsibilities:
 - Collect applications
 - Review applications for missing/incomplete information
 - Send health insurance applications with transmittal log* to the OPEHI

*Transmittal Logs should be used all year long

Open Enrollment Timeline

- **Mid-September to Mid-October**
 - OPEHI Responsibilities:
 - Receive, separate (Current vs. Open Enrollment) & scan application
 - Key/verify elections from scanned image
 - In case of problems, applications will be pended and an email will be generated to the Insurance Coordinator. A report will be sent weekly as a follow-up
 - Future Enrollment File is updated by OPEHI's GHI System

Timeline

- **Early to Mid-November**
 - Transmit information regarding health care coverage to KDE for dissemination to the individual school districts
- **Early to Mid-December**
 - Place files on FTP Server for UPPS in order that deduction information for health care coverage and FSA may be picked up to update payroll

Timeline

- **First of December**
 - OPEHI's EIB sends future enrollment files to the carriers for the production of identification cards.

Timeline

- **End of December**
 - GHI system will automatically terminate the current coverage and update the Future Enrollment file

Reminders

- Do NOT wait until the last day of Open Enrollment to send applications to OPEHI – mail DAILY
- Deadline to accept applications from employees is October 3 (Retiree October 17)
- Deadline to submit application to OPEHI is October 17, 2003. (Retiree October 31)
- Materials will be drop shipped beginning September 2 for agencies with more than 200 employees. OPEHI will mail information to agencies with less than 200 employees

Reminders

- Employees that completed an application for an appropriate change – changes will be made as requested
- Employees that did not complete an application and no change was needed – remain as is
- Employees that did not complete an application and one was required – **NO**
insurance for 2004

Distribution

- **School Boards**
 - 2 Shipments
 - Gateway Press (Handbooks)
 - Finance and Administration Printing (Applications, Add and Drop Forms)

Distribution

- **State Agencies**
 - 3 Shipments
 - Gateway Press (Handbooks)
 - Finance and Administration Printing (Applications and Add Drop Forms)
 - FBMC (Commonwealth Choice Handbooks)
- **Agencies with less than 200 employees will receive All materials from OPEHI**